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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>		
		Application Number	10/009,950	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Effective on 12/08/2004.		Filing Date	December 14, 2001	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Akira Nakamura	
		Examiner Name	V. Bertoglio	
TOTAL AMOUNT OF PAYMENT		Art Unit	1632	
(\$)		0	Attorney Docket No.	31671-176197

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261
Deposit Account Name: Venable LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 =		x	=		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/50	(round up to a whole number) x		=			
<b>4. OTHER FEE(S)</b>							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							0

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	36,830
Name (Print/Type)	Ann S. Hobbs, Ph.D.	Telephone	(202) 344-4000
		Date	2/10/06



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

**Akira NAKAMURA, *et al.***

Application No. 10/009,950

Filed: December 14, 2001

For : GOODPASTURE'S SYNDROME  
MODEL MOUSE

Confirmation No. 7278

Art Unit : 1632

Examiner: Valarie E. BERTOGLIO

Atty. Docket No. 31671-176197

Customer No.

**\*26694\***

PATENT TRADEMARK OFFICE

**RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT**

**Mail Stop: Amendments**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Notice issued January 11, 2006, please consider the remarks below.

Remarks begin on page 2.

No fee is due, however, should any fee be required, please charge Deposit Account  
22-0261, referencing matter no. 31671-176197.